1124414

FORM D

SEC Mail Processing Section

SEP 00/2008

Washington, DC

Actual or Estimated Date of Incorporation or Organization:

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	ROVA	

OMB Number: 3235-0076
Expires: July 31, 2008
Estimated average burden hours per response....16.00

SEC USE ONLY

Serial

Prefix

	- 1141	E	XEMPTION		D	ATE RECEIVED
Name of Offering AlmondNet, Inc.	(d	neck if this is an amenda	ment and name has cha	anged, and indi	cate change)	<u> </u>
Filing Under (Check	box(es) that apply):	☐ Rule 504	Rule 505	⊠ Rule 5	06 ☐ Section	4(6) ULOE
Type of Filing:	New Filing ☐ A	mendment				
		A. BASIC	IDENTIFICATIO	N DATA		
1. Enter the informa	ition requested about the	issuer				
Name of Issuer	(check if this is an an	endment and name h	as changed, and ind	icate change.)		
AlmondNet, Inc.						
Address of Executiv	e Offices	(Number and S	treet, City, State, Zi	p Code)	Telephone Numt	
134 Spring Street, Su	ite 302	New York, New	York 10012		(212) 219-5070	I (BBill PRift iffilt Phrat fills thire and mage man.
		(Number and S	treet, City, State, Zi	p Code)	Telephone Numb	08059618
Brief Description of	Business					
Internet Advertising	and Profiling				PROCESS	FD
Type of Business Or	ganization					
corporation		☐ limited part	nership, already fort	med	□9ep (112°200	ecify):
☐ business trust		limited partn	ership, to be formed		OL: 12 ZUU	0 80

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

CN for Canada; FN for other foreign jurisdiction)

1

1

Year 19 99

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
 Each promoter of t 	he issuer, if the iss	uer has been organized within	n the past five years;		
 Each beneficial ow the issuer; 	ner having the pov	ver to vote or dispose, or dire	ct the vote or disposition of, I	0% or more of a clas	s of equity securities of
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Roy Shkedi					
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
134 Spring Street, Suite 302	, New York, NY 10	312			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Micha Shkedi					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
134 Spring Street, Suit	e 302, New Yor	k NY 10012			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Eitan Madmon					
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
53 Etzel Street, Rishon	Le-Zion 75706	, Israel			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Michael Kubin					
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
134 Spring Street, Suit	e 302, New Yor	k NY 10012	······································		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Nathan A. Low					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
641 Lexington Avenue, 2	5 th Floor, New Yo	rk, NY 10022			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Monitin Investments (.	J.S.T.) Ltd.				
Business or Residence Addres	<u> </u>	t, City, State, Zip Code)			
53 Etzel Street, Rishon	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Smithfield Fiduciary, I	LLC				
			•		

Business or Residence Address (Number and Street, City, State, Zip Code)

9 W. 57th St. 27th floor, New York, NY 10019

te, Zip Code)			
0022			
eneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
	eneficial Owner	eneficial Owner	eneficial Owner

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes N	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	No
2. What is the minimum investment that will be accepted from any individual? SN/A Yes N 3. Does the offering permit joint ownership of a single unit?	
3. Does the offering permit joint ownership of a single unit?	<u>.</u>
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Sunrise Securities Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 641 Lexington Avenue, 25 th Floor, New York, New York 10022 Name of Associated Broker or Dealer (N/A) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	No
remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Sunrise Securities Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 641 Lexington Avenue, 25 th Floor, New York, New York 10022 Name of Associated Broker or Dealer (N/A) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
(Check "All States" or check individual States) All States [X AL] [AK] [AZ] [AR] [X CA] [CO] [X CT] [DE] [X DC] [X FL] [GA] [HI] [ID] [X IL] [IN] [IA] [KS] [KY] [X LA] [ME] [X MD] [X MA] [X MI] [MN] [MS] [MC] [X MT] [NE] [NV] [NH] [X NJ] [NM] [X NY] [NC] [ND] [X OH] [OK] [OR] [X PA] [RI] [X SC] [SD] [X TN] [X TX] [UT] [VT] [X VA] [WA] [WV] [X WI] [WY] [PR	
[X AL] [AK] [AZ] [AR] [X CA] [CO] [X CT] [DE] [X DC] [X FL] [GA] [HI] [ID [X IL] [IN] [IA] [KS] [KY] [X LA] [ME] [X MD] [X MA] [X MI] [MN] [MS] [MC [X MT] [NE] [NV] [NH] [X NJ] [NM] [X NY] [NC] [ND] [X OH] [OK] [OR] [X PA [X IL] [X SC] [SD] [X TN] [X TX] [UT] [VT] [X VA] [WA] [WV] [X WI] [WY] [PR	
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[RI] [X SC] [SD] [X TN] [X TX] [UT] [VT] [X VA] [WA] [WV] [X WI] [WY] [PR	•
Tun Name (East name first, it individual)	K J
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	_
(Check "All States" or check individual States)	ates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID	D]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MC	0]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA	A]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR	R]
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	_
Name of Associated Broker or Dealer	_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	ates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [DD	D]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MC	O]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR (Use blank sheet, or copy and use additional copies of this sheet, as necessary)	R }

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	are the state	Aggregate Offering Price	Amount Aiready Sold
	Type of Security Debt	\$ 0	\$ 0

	Equity	\$ <u>2,000,000</u>	\$ <u>382,667.70</u>
	☐ Common ☑ Preferred		
	Convertible Securities (Including warrants)	\$ <u>0*</u>	\$
	Partnership Interests	\$ <u> </u>	\$ <u>0</u>
	Other (Specify)	\$	\$ <u> </u>
	Total	\$ <u>2,000,000</u>	\$ <u>382,667.70</u>
	* Units consisting of 1 share of Series E1 Preferred Stock and 1 warrant to purchase 1 additional share of Series E1 Preferred Stock		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate Dolla
		Number Investors	Amount of Purchases
		5	\$382,667.7 <u>0</u>
	Accredited Investors	0	\$ 0
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		<u> </u>
	Rule 504		· · · · · · · · · · · · · · · · · · ·
	Total		3
4,	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_10,0 <u>00</u>
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)*	_	\$ <u>0**</u>
	Other Expenses (identify)	_	\$
	Total		\$ <u>10,000</u>
	**The broker may receive a commission as part of this offering which if paid will be in the form of preferred s	_	<u> • 10′000</u>

	1 and total expenses furnished in response	gregate offering price given in response to Part C - Question onse to Part C - Question 4.a. This difference is the "adjusted				\$ <u>1,990,000.00</u>
5.	for each of the purposes shown. If the and check the box to the left of the	ted gross proceeds to the issuer used or proposed to be used a amount for any purpose is not known, furnish an estimate estimate. The total of the payments listed must equal the tforth in response to Part C - Question 4.b above.				
				ments to Officers, ectors & Affiliates	Pa	yments To Others
	Salaries and fees		🛛	\$510,000	\boxtimes	\$1,280,000
	Purchase of real estate		🛛	\$0	\boxtimes	\$0
	Purchase, rental or leasing and i	nstallation of machinery and equipment	🛛	\$ 0	×	\$ 0
	Construction or leasing of plant	buildings and facilities	🛛	\$0	\boxtimes	\$10,000
	that may be used in exchange	(including the value of securities involved in this offering for the assets or securities of another issuer pursuant to a		\$0	⊠	\$0
	Repayment of indebtedness		🛛	\$0	\boxtimes	\$0
	Working capital		🛛	\$ 0	\boxtimes	\$190,000
	Other (specify):			\$		\$
	Column Totals		🛛	\$510,000	\boxtimes	\$1,480,000
	Total Payments Listed (o	olumn totals added)		⊠ s <u>1.9</u>	90,00	0.00
_		D. FEDERAL SIGNATURE				
an u		by the undersigned duly authorized person. If this notice is filed un so Securities and Exchange Commission, upon written request of its (b)(2) of Rule 502.				
Issue	er (Print or Type)	Signature Date	1 (
Aln	ondNet, Inc.	Ros Stan. P	<u> </u>	, 2008		
	e of Signer (Print or Type)	Title of Signer (Print or Type)	DIF.			
De-	Shkedi	Chief Executive Officer				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.252(c such rule?		ny of the disqualification provisions of	Yes No	_		
		See Appendix, Column 5, for state	response.				
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	e issuer has read this notification and knows to y authorized person.	he contents to be true and has duly car	used this notice to be signed on its behalf b	y the undersign	ned		
Issu	er (Print or Type)	Signature	Date				
Alı	nondNet, Inc.	Ry S. W. 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	ne of Signer (Print or Type)	Title of Signer (Print or Type)					
Ro	y Shkedi	Chief Executive Officer		<u> </u>			

 $\mathbb{E}\mathcal{N}\mathcal{D}$